

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS/CRI Cities Readiness for provision of prophylactic medications

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2009-031670

CONTRACT TERM: 08/01/2009 THRU: 07/31/2011

BUDGET PERIOD: 08/01/2009 THRU: 07/31/2011

CHG: 001C

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$38,880.00	\$33,050.40	\$(5,829.60)
Fringe Benefits	\$14,191.20	\$10,258.84	\$(3,932.36)
Travel	\$1,349.75	\$1,183.75	\$(166.00)
Equipment	\$0.00	\$700.00	\$700.00
Supplies	\$4,142.05	\$10,720.51	\$6,578.46
Contractual	\$0.00	\$0.00	\$0.00
Other	\$103,388.00	\$106,037.50	\$2,649.50
Total Direct Charges	\$161,951.00	\$161,951.00	\$0.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$161,951.00	\$161,951.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$161,951.00	\$161,951.00	\$0.00
Total Reimbursements Limit	\$161,951.00	\$161,951.00	\$0.00
JUSTIFICATION			
This amendment transfers funds from Personnel, Travel, and Other Categories to the Equipment Category in order to purchase an equipment item.			

Financial status reports are due: 11/30/2009, 03/02/2010, 05/31/2010, 08/31/2010, 11/30/2010, 03/03/2011, 05/30/2011, 09/29/2011

